

GEORGIA DEPARTMENT OF HUMAN RESOURCES Food Service Establishment Inspection Report

Establishment Name: Divot's Cafe Holiday Inn

Address: 203 Newgate Rd

City: Peachtree City Time In: 9:45 am Time Out: 10:45 am

Inspection Date: 11/18/2009 CFSM: Barbara Scott

Purpose of Inspection: Routine: ● Follow-Up: O Complaint: O

Preliminary: O Other: O **Risk Type:** 1 O 2 ● 3 O

'Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in

are control measures to prevent illness or injury.

foodborne illness outbreaks. Public Health Interventions

83 В 8/24/09 Permit#: 1-10595 Prior Score 'Good Retail Practices are preventive measures to control the introduction of pathogens, 100 4/15/09 Α chemicals, and physical objects into foods

CURRENT SCORE CURRENT GRADE

SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U<69

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Last Score

Date

(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.) [Mark designated compliance status (IN, UUI, NA, or NO) for each number learner of the line of the same code provision) and the same code provision) and the same code provision) and the same code provision are subcategory.

IN-in compliance OUT=not in compliance NO=not observed NA=not applicable COS=corrected on-site during inspection R=repeat (violation of the same code provision)=2 points per subcategory.

Compliance Status								
1	IN	OUT	NA	NO	Supervision	4 points		
	•	0			1-2. Person in charge present, demonstrates knowledge, and performs duties	0	0	
2	IN	OUT	NA	NO	Employee Health, Good Hygenic Practices, Preventing Contamination by Hands-Subcategory 1	1 9 points		
	•	0			2-1A. Proper use of restriction & exclusion	0	0	
	•	0		0	2-1B. Hands clean and properly washed	0	0	
	•	0	0	0	2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed	0	0	
Er					Employee Health, Good Hygenic Practices-Subcategory 2	4 pc	ints	
	•	0			2-2A. Management awareness; policy present; reporting	0	0	
	•	0		0	2-2B. Proper eating, tasting, drinking, or tobacco use	0	0	
	•	0		0	2-2C. No discharge from eyes, nose, and mouth	0	0	
	•	0			2-2D. Adequate handwashing facilities supplied & accessable	0	0	
3	IN	OUT	NA	NO	Approved Source	9 points		
	•	0			3-1A. Food obtained from approved source; parasite destruction	0	0	
	0	0	0	•	3-1B. Food received at proper temperature	0	0	
	•	0			3-1C. Food in good condition, safe, and unadulterated	0	0	
4	IN	OUT	NA	NO	Protection from Contamination-Subcategory 1	9 points		
	•	0	0		4-1A. Food separated and protected	0	0	
	•	0			4-1B. Proper disposition of contaminated food; returned food or unused food not re-served	0	0	
	Protection from Contamination-Subcategory 2						ints	
	•	0	0		4-2A. Food stored covered	0	0	
	0	•	0		4-2B. Food-contact surfaces: cleaned & sanitized	0	•	

	Compliance Status						R	
5	IN	OUT	NA	NO	Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory-Subcategory 1	9 pc	oints	
	0	0	0	•	5-1A. Proper cooking time and temperatures	0	0	
	0	0	0	•	5-1B. Proper reheating procedures for hot holding	0	0	
					Consumer Advisory-Subcategory 2			
	0	0	•	5-2. Consumer advisory provided for raw and undercooked foods		0	0	
6	IN	OUT	NA	NO	Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food-Subcategory 1	9 points		
	•	0	0		6-1A. Proper cold holding temperatures	0	0	
	0	0	0	•	6-1B. Proper hot holding temperatures	0	0	
	0	0	0	•	6-1C. Proper cooling time and temperature	0	0	
	0	0	•	0	6-1D. Time as a public health control: procedures and records	0	0	
					Date Marking-Subcategory 2			
	•	0	0	0	6-2. Proper date marking and disposition	0	0	
7	IN	OUT	NA	NO	Highly Susceptable Populations	9 po	ints	
	0	0	•		7-1. Pasteurized foods used; profibited foods not offered	0	0	
8	IN	OUT	NA	NO	Chemicals	4 points		
	0	0	•		8-2A. Food additives: approved and properly used	0	0	
	•	0			8-2B. Toxic substances properly identified, stored, used	0	0	
9	IN	OUT	NA	NO		4 points		
	0	0	•		9-2. Compliance with variance, specialized process and HACCP plan	0	0	

GOOD RETAIL PRACTICES

(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark COS or R for

Co	Compliance Status						
10	OUT	Safe Food and Water, Food Identification					
	0	10A. Pasteurized eggs used where required	0	0			
	0	10B. Water and ice from approved source	0	0			
	0	10C. Variance obtained for specialized processing methods	0	0			
	0	10D. Food properly labeled; original container; required records available; shellstock tags $$	0	0			
11	OUT	Food Temperature Control	3 points				
	0	11A. Proper cooling methods used; adequate equipment for temperature control $$	0	0			
	0	11B. Plant food properly cooked for hot holding	0	0			
	0	11C. Approved thawing methods used	0	0			
	0	11D. Thermometers provided and accurate	0	0			
12	OUT	Prevention of Food Contamination	3 ро	ints			
	0	12A. Contamination prevented during food preparation, storage, display	0	0			
	0	12B. Personal cleanliness	0	0			
	0	12C. Wiping cloths: properly used and stored	0	0			
	0	12D. Washing fruits and vegetables	0	0			
13	OUT	Postings and Compliance with Clean Air Act					
	0	13A. Posted: Permit/Inspection/Choking Poster/Handwashing	0	0			
	0	13B. Compliance with Georgia Smoke Free Air Act	0	0			

or each item as applicable. R=Repeat (violation of the same code provision) = 1 point per							
Co	mpl	iance Status	COS	R			
14	OUT	Proper Use of Utensils					
	0	14A. In-use utensils: Properly stored	0	0			
	0	14B. Utensils, equipment and linens: properly stored, dried, handled	0	0			
	0	14C. Single-use/single-service articles: properly stored, used	0	0			
	0	14D. Gloves used properly	0	0			
15	OUT Utensils, Equipment and Vending						
	0	$15 A. \ Food \ \& \ nonfood\text{-}contact \ surfaces \ cleanable, properly \ designed, \ constructed, \ used$	0	0			
	0	15B. Warewashing facilities: installed, maintained, used; test strips	0	0			
	0	15C. Nonfood-contact surfaces clean.	0	0			
16	OUT	Water, Plumbing and Waste		ints			
	0	16A. Hot and cold water available; adequate pressure	0	0			
	0	16B. Plumbing installed; proper backflow devices	0	0			
	0	16C. Sewage and waste water properly disposed	0	0			
17	OUT	Physical Facilities	1 pc	oint			
	0	17A. Toilet facilities: properly constructed, supplied, cleaned	0	0			
	0	17B. Garbage/refuse properly disposed; facilities maintained	0	0			
	0	17C. Physical facilities installed, maintained, and clean	0	0			
	0	17D. Adequate ventilation and lighting; designated areas used	0	0			
18	OUT	Pest and Animal Control					
	0	18. Insects, rodents, and animals not present	0	0			

Towards (Cinnelland)	Follow-up: Yes O No●	Follow-up Date:
Person in Charge (Signature):	(Print)	AM
		Date: 11/18/2009 9:45:00

Food Service Establishment Inspection Report Addendum

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Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Human Resources Rules and Regulations Food Service Chapter 290-5-14, Rule .10 subsection (2)(i) and (j)									
Establish	nent e Holiday Inn			r mit 0595		Date InspectionDate2			
Address					City/State			Zip Code	
203 Newga	te Rd		TEMPEDATURE ORSER	\/AT	Peachtree City, GA 302	269		30269	
	Item/Location	Temp	TEMPERATURE OBSER	VAI	Temp	Itom	/Location	Temp	
vogurt (uni	ight cooler)	33	ham (upright freezer)		remp	Item	Location	Temp	
	heese (upright cooler)	38	orange juice (upright cooler)						
	ese (upright cooler)	44	milk (upright cooler)		44				
	eggs (upright cooler)	43	ham (upright cooler)		43				
	ight freezer)	9	nam (upright cooler)		15				
	oright freezer)	18							
	(upright freezer)	19							
	tties (upright freezer)	17							
Item	(up.13.11.11.12.17)		OBSERVATIONS AND COF	RF	CTIVE ACTIONS				
S4 4-2B a. Additional clear up. b. Additional clear									
Person in	Person in Charge (Signature) Date								
	(Signature)						to 11/19/200	0.0.4F.00.AM	

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Establishr		Permit 1-10595		Date InspectionDate3			
Address 203 Newga	ate Rd	City/ Peach	State htree City, GA 30269	Zip Code 30269			
Item Number	OBSERVATIONS AND CO	RRECTIV	E ACTIONS				
	Person in Charge (Signature) Date						
Inspector	nspector (Signature) Date 11/18/2009 9:45:00 AM						